

**Dear Parent/Guardian,**

The Worcester Public School and the Family Health Center of Worcester, Inc. are pleased to enter a partnership that will increase access to primary health care for young people in our City.

We are aware of the rapid physical and emotional changes that student's experience as they move from childhood into adulthood. It is our hope that this partnership will offer young people resources and information that will help them make good choices that will lead to a healthy transition into adulthood.

The School Health Centers provide students necessary health care including school, sports and work physicals, treatment of illness, first aid, emergency care, immunization, counseling and/or health assessment and education.

In order to receive the services from the Family Health Center, your son/daughter must have the attached parental consent form signed by you and returned to your child's school. The consent form will remain on file at your child's School Health Center. When appropriate, health insurance companies will be billed. No one will be denied services if they are unable to pay.

We hope that you will utilize this unique opportunity offered by the Worcester Public Schools and Family Health Center of Worcester, Inc.

**Frances M. Anthes**  
**President/CEO**  
**Family Health Center**

**Dr. James Caradonio**  
**Superintendent**  
**Worcester Public Schools**

## **SCHOOL HEALTH CENTERS**

**Academy Health Center  
Woodland and Claremont Academy  
15 Claremont Street  
Worcester, MA 01610  
(508) 757-7641  
TTY (508) 757-8594**

**Doherty Memorial High School  
Doherty Health Center  
299 Highland St.  
Worcester, MA 01602  
(508) 799-3289**

**Goddard Health Center  
Goddard School of Science and Technology / University Park Campus School  
14 Richards Street  
Worcester, MA 01603  
(508) 757-3401**

**The Helen A. Bowditch Health Center  
Elm Park Community School  
23 N. Ashland Street  
Worcester, MA 01609  
(508) 754-2860**

**South High Health Center  
South High Community School  
170 Apricot Street  
Worcester, MA 01603  
(508) 799-3346**

**Sullivan Health Center  
Dr. Arthur F. Sullivan Middle School  
140 Apricot Street  
Worcester, MA 01603  
(508) 757-5350**



**What is the school health center?**

The Student Health Center provides students with easy access to quality health care. The Student Health Center is open Monday through Friday during regular school hours. Health care is provided by a licensed certified nurse practitioner working with a physician at the Family Health Center, the Public Health Nurse and the School Adjustment Counselor.

**Do my child’s regular doctor and the Center work together?**

Yes, we will work with your child’s health care plan or private physician.

**What does it cost?**

Students and families are not billed for medical services provided at the Student Health Center. If you have health insurance, including Medicaid, please complete the insurance information on the registration form so we can bill the insurance company directly. This support helps to cover our costs.

**Will the parent/guardian need to be present when care is given at the center?**

You are always welcome to come with your child to the Student Health Center, but as long as the consent form is on file, you do not need to be there. If your child is ill or injured, we will try to contact you.

**How does a student register?**

Please complete the consent and registration form and send it back to the school with your child.

Does the student have Medicaid (Mass Health)?

YES             NO

IF YES, PLEASE PROVIDE:

Card number: \_\_\_\_\_

Student’s sequence number (2-digit code next to patient’s name on card):

\_\_\_\_\_

**MEDICAL PROVIDER INFORMATION**

\_\_\_\_\_  
Student’s regular health provider/doctor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of last visit

\_\_\_\_\_  
Pharmacy/drug store phone number

Any known allergies: \_\_\_\_\_  
\_\_\_\_\_

Medication allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT AND PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Day Phone Number

\_\_\_\_\_  
Emergency Phone Number

**HEALTH INSURANCE INFORMATION**

Does student have health insurance?

YES       NO

IF YES, COMPLETE THE FOLLOWING:

\_\_\_\_\_  
Name of insurance company or HMO

\_\_\_\_\_  
Address of insurance company (if available)

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Policy number and/or group number

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Name of adult who is policyholder (Subscriber)

***Please attach a photocopy of insurance card,  
if available.***